



To: All our Patients

**IMPORTANT INFORMATION CONCERNING YOUR APPOINTMENTS**

We and our staff appreciate having you as our patient and we will do everything in our power to ensure you receive the best possible care here.

You will appreciate that the scheduling of appointments and maintenance of a flow of patients through our office is a demanding part of providing you and our other patients with good and reliable service. Last minute cancellations and patients simply failing to arrive for their pre-booked appointments causes substantial disruption and inconvenience to the dentists, hygienists and staff, while also adding costs to our office operations.

In recognition of these factors and to enable us to provide reliable service for our other patients, a missed appointment fee of \$75.00 will be billed to patients who fail to provide at least two business days notice that they need to change their appointments. This is the only fair way we can avoid spreading the costs resulting from missed appointments across all our patients or absorbing the losses in our practice.

We appreciate your understanding and cooperation in this matter.

I have read and understood:

Patient Signature, print and sign your name

Name (Print) \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_